Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at approximately (time) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, student (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_disclosed to me, that he/she has considered taking his/her own life. After a preliminary assessment, it is my recommendation that the student be evaluated further and is being referred to SAMHC or CRC.

Southern Arizona Mental Health Corporation (SAMHC)

2502 N Dodge Blvd. #190

Tucson, AZ 85716 (520) 622-6000

OR

Crisis Response Center

2802 E District

Tucson, AZ 85714 (520) 770-9909

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) will be released to their parent (parent/guardian name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ who understands the immediate need to contact and communicate with either SAMHC, The CRC or a medical professional familiar with the student. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student name) and their parent/guardian will follow up with the school counselor to inform her of the outcome after the visit to the referral agency.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Counselor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_